



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90081 027 ****61.25

DOCUMENT # N40847. 1. Entity Name LA COSTA ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGMENT 101 GRAND PALMS DRIVE PEMBROK PINES, FL 33027				Mailing Address C/O MIAMI MANAGMENT 101 GRAND PALMS DRIVE PEMBROK PINES, FL 33027	
2. Principal Place of Business - No P.O. Box # <i>Miami Management</i> Suite, Apt. #, etc. <i>15805 SW 11 Street</i>		3. Mailing Address <i>15805 SW 11 Street</i> Suite, Apt. #, etc.			
City & State <i>Pembroke pines, FL</i> Zip <i>33027</i>		City & State <i>Pembroke pines, FL</i> Zip <i>33027</i>		4. FEI Number 65-0243981	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BECKER AND POLLAKOFF PA 5201 BLUE LAGOON DR # 100 MIAMI, FL 33128				7. Name and Address of New Registered Agent Name <i>Becker & Pollakoff PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>3111 Stirling Road</i> City <i>Arlawderdale</i> FL Zip Code <i>33310</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.				<i>GARY A. POLLAKOFF</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARTIN, RONALD 1442 LACOSTA DRIVE EAST PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRICE, LINDA 1505 LACOSTA DR. WEST PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GERTNER, HOWARD 1580 LACOSTA PRICE EAST PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOFFBERGER, ROBYN 1560 LA COSTA DRIVE W. PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda M. Price, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<i>1/14/08</i> 954-433-2269 Date Daytime Phone #	